

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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EDITOR

Large Population Served by Full-time Health Units

There are at present 14 full-time county health departments in California and in addition, 10 cities with full-time organizations independent of county units. The territory included in these county units at this time is as follows:

1. Contra Costa County—All unincorporated territory and all incorporated towns except Antioch, El Cerrito, Pittsburg and Richmond, or 41,472 of the 78,608 population.

2. Imperial County—The unincorporated territory and El Centro and Westmoreland, or 38,910 of the 60,903 total population.

3. Los Angeles County—The unincorporated territory plus 37 of the 45 incorporated towns and cities. Of the 8 not included in the unit, Long Beach, Los Angeles and Pasadena maintain independent whole-time health departments. The population under the county health department is 694,635. The total population for the county is 2,208,492.

4. Madera County—All territory within the county, including the unincorporated towns, a complete unit of 17,164 population.

5. Monterey County—All territory within the county boundaries except Salinas, 43,442 of the total 53,705.

6. Orange County—All territory including the incorporated towns and cities, a complete unit of 118,674 population.

7. Riverside County—Only the unincorporated territory. The city of Riverside maintains a separate full-time health department and the health officer

of the county unit is also health officer of the city. This health officer therefore serves 63,208 of the total 81,024 population.

8. San Bernardino County—Only the unincorporated territory is included in this unit, or 48,028 of the total 133,900 population.

9. San Diego County—The unincorporated territory plus La Mesa, National City and Oceanside constitutes the county health department while the city of San Diego maintains a separate full-time organization. Both are under the same health officer who serves 193,381 of the 209,659 population in the entire county.

10. San Joaquin County—All territory within the county, a complete unit of 102,940 population.

11. San Luis Obispo County—All territory within the county, a complete unit of 29,613 population.

12. Santa Barbara County—All of the unincorporated territory and the incorporated towns with the exception of the city of Santa Barbara which maintains an independent whole-time department. 31,554 of the total 65,167 population are under the county unit.

13. Stanislaus County—The unincorporated territory plus all of the incorporated towns except Newman, Patterson and Turlock, or 50,191 of the total 56,441 population.

14. Yolo County—The Woodland Clinic provides full-time health service for the entire county with the chief of the hospital staff as health officer. The population of this county is 23,644.

Throughout this discussion the population figures as determined by the 1930 census have been used. In addition to these county units, the following cities maintain full-time health departments: Berkeley, Oakland, Palo Alto, Pasadena, Long Beach, Los Angeles, Sacramento, San Francisco, San Jose, Santa Barbara. This entire group of 14 counties and 10 cities provides the benefits of established public health practice for 4,152,254 of the 5,677,251 persons in this State, or 73.13 per cent of the total population. This number of organized health departments materially affects the work of the State department. It is only the extensive outbreak or the very unusual epidemic affecting several counties which necessitates a State investigator in the whole-time units. Therefore, the Bureau of Epidemiology conducts most of its epidemiological work in the other 44 counties.

This area under full-time health departments comprising 73.13 per cent of the total population of California insures more complete morbidity reporting than would otherwise be possible. These 14 counties and 10 cities during 1930 reported 88.4 per cent of the total cases of tuberculosis recorded; 79.1 per cent of the total cases of diphtheria; 81.8 per cent of the total cases of measles; and 61.2 per cent of the typhoid fever. In 1931 they reported 87.9 per cent of the cases of tuberculosis; 81.5 per cent of the diphtheria; 72.1 per cent of the measles; and 58.5 per cent of the typhoid fever. Some fluctuations of these percentages would be due to epidemic variations in different sections of the State; also with reference to the incidence of typhoid fever, the rate is higher in the rural territory.

SYPHILIS AS A CAUSE OF DEATH

The axiom that "Men do not die of the diseases that afflict them" might especially refer to syphilis. In the "1929 Mortality Statistics" we find just short of 10,000 deaths reported from syphilis. It is only when we sort out from the reported deaths under other classifications those really due to syphilis that we have any idea of its high rank as a cause of death. Locomotor ataxia and general paralysis of the insane are syphilis. Recent researches indicate at least 15 per cent of deaths from heart and blood vessel conditions are caused by syphilis, probably one-fifth of those from the nervous system, one-fifth of deaths during early infancy, and a significant number from diseases of the kidneys, liver, stomach and other vital organs. Altogether these mount upwards of 100,000 and place syphilis where it belongs, among the first five great killers—syphilis, heart disease, cancer, pneumonia and nephritis.

WHOOPING COUGH DESERVES CONSIDERATION

There were 14,044 cases of whooping cough reported in California during the year 1932 and during January of the present year 1058 such cases have been reported. More cases of whooping cough are reported generally during the spring and early summer than during other months of the year. In some years, however, the disease may prevail extensively in the late summer months. Never before in the history of California have so many cases of this disease been reported as were reported last year. The greatest number of such cases to occur during a single year before 1932 was in 1925, when 10,466 cases were reported.

Because of the fact that whooping cough has an unusual seasonal prevalence, it is often overlooked. Since it is particularly destructive to very young children and since many serious complications often occur with it, and since many serious after-effects frequently follow the disease, it deserves serious consideration upon the part of parents. Most cases of whooping cough occur in children under five years of age and most deaths from this disease occur in infants. Unfortunately, the seriousness of whooping cough too often is not recognized by the general public. It causes more deaths in California, than either scarlet fever or measles and during some years there are more deaths from whooping cough than from diphtheria. Many deaths registered as due to bronchitis or bronchial pneumonia are secondary to whooping cough. Pneumonia is a frequent complication and in the summer months serious gastro-intestinal complications often occur. Often another communicable disease—such as measles—may occur simultaneously with whooping cough. There is said to be no reliable evidence that whooping cough predisposes to tuberculosis, but the disease has a tendency to light up any latent tuberculosis that may exist.

The disease is highly communicable and can be contracted through relatively slight contact. A catarrhal condition is first noticed in the upper respiratory tract, about seven days after exposure. There is an interval of from seven to fourteen days from the onset of the catarrh to the appearance of a typical spasmodic cough. The disease apparently is not contagious during the period of incubation, but it is communicable from the appearance of the first symptom and is most highly communicable during the early stage before the typical cough develops. The disease can be transmitted during the latter stages and during convalescence, but the early stages are the most important from the standpoint of prevention. Many mild cases of the disease are not reported and

many health officers do not receive complete data relative to the incidence of whooping cough in their respective communities.

Parents have a particularly heavy responsibility in the control of whooping cough. It should be recognized that the infection is dangerous and that the disease is communicable both before and after the "whoop." It should be recognized, also, that mild cases which do not have the characteristic cough may also spread the disease. It is most important that young children be protected against exposure. The fatality rate is highest among infants and decreases as the child grows older. It is highly important, also, that special care be taken during convalescence and afterwards, in order that the development of tuberculosis or other disastrous after-effects may be checked.

The number of cases and deaths from whooping cough in California during the past ten years are as follows:

Year	Cases	Deaths
1923 -----	5,395	324
1924 -----	3,176	164
1925 -----	10,466	470
1926 -----	3,518	164
1927 -----	7,500	195
1928 -----	9,691	336
1929 -----	9,372	278
1930 -----	7,993	198
1931 -----	9,709	146
1932 -----	14,044	---

VENEREAL DISEASE CONTROL IS IMPORTANT

The American Social Hygiene Association, of which Doctor William F. Snow, former secretary of the California State Board of Health, is general director, has called attention, through the National Social Work Council, to the importance of venereal disease control at the present time. The problem of treatment for venereal disease patients is becoming acute. More and more infected persons unable to pay for medical care and unable to obtain free care because the clinics are now so overcrowded are forced to discontinue treatment. Left without medical supervision, they are likely to become sources of infection to others in the community and, furthermore, they are almost certain, themselves, to lose whatever chances of cure they may now have. It is believed that the public, generally, is not aware of the present situation that exists throughout the country, and the following extracts from the report give important information relative to the present status of venereal diseases in the United States:

MUSSEL AND CLAM POISONING

In 1930 there was but one case of mussel poisoning reported in California and in 1931 but two cases. In 1932, 42 cases of the disease were reported. This is distinctly at variance with the preceding year 1929, when 55 cases occurred. In 1927, an outbreak of more than 100 cases, with several deaths, constituted almost a catastrophe. Each year, in fact, since 1927 the California Board of Public Health has established a quarantine on mussels during the summer months, when these shellfish are toxic. Recently a similar quarantine has been placed upon clams because of the toxic condition that has been discovered in them. Through the cooperation of Dr. K. F. Meyer, Director of the Hooper Foundation for Medical Research, investigations into clam and mussel poisoning have been carried on each year. It has been determined that these shellfish become toxic during the spring months, reaching a high state of toxicity during midsummer and becoming nontoxic during the winter months. There is a variation in the time at which the peak of toxicity is reached but it generally occurs about the middle of July. The quarantine area covers the coastal district from Monterey County to the Klamath River in Del Norte County. Within this area the sale or offering for sale of clams and mussels is prohibited during the summer season, the quarantine each year terminating September 30.

While few cases were reported in 1930 and 1931, laboratory tests performed during both of these years showed a remarkable toxicity to animals. During the season of 1932, the concentration of poison injurious for consumption by human beings was determined for the first time with sufficient certainty. A discovery of the Hooper Foundation for Medical Research, however, proving the value of bicarbonate of soda in the prevention of mussel poisoning, promises to have a distinct effect in shortening the quarantine period to cover only the time when the highest toxicity prevails. It has been determined that the addition of one-quarter ounce of bicarbonate of soda to each quart of water in which shellfish are cooked destroys 85 per cent of the poison when the cooking process is continued for twenty to thirty minutes. This procedure does not grant complete protection, but it provides partial protection. The coagulating protein substances retain about 15 per cent of the poison in the tissue of the shellfish, which is only delivered by digestion in the stomach.

It would seem that if this method of cooking mussels becomes universal, quarantine measures may be restricted greatly. It has developed, also, that while clams may be just as toxic as mussels, fewer cases of

poisoning occur in human beings who eat clams for the reason that the intestines of the clams are generally discarded. The clam being larger, the intestines can be removed more easily than in the smaller mussels. Since most of the poison is found in the intestines of the shellfish, it is obvious that clam poisoning for this reason is not of as frequent occurrence. As a result of these discoveries it becomes apparent that if mussels are properly cooked with bicarbonate of soda and if the intestines of clams are always removed and the remainder thoroughly cleaned, it is possible that the danger of shellfish poisoning on the Pacific Coast could be reduced greatly, if not entirely eliminated.

SYPHILIS CAN BE TREATED EFFECTIVELY

Physicians now understand how to combat syphilis. They can diagnose it accurately; treat it effectively; render patients noninfectious quickly; and can cure those who come early in the course of the disease and who persist in treatment. Were our present knowledge of syphilis generally and effectively applied, this disease could be conquered in one generation.

MORBIDITY*

Diphtheria

44 cases of diphtheria have been reported, as follows: Fresno County 2, Fresno 1, Calipatria 2, Kern County 2, Beverly Hills 1, Compton 1, Los Angeles 23, Pasadena 1, Santa Monica 2, Maywood 1, Madera County 1, Placer County 1, Riverside County 1, San Bernardino County 1, San Bernardino 1, San Diego 2, San Luis Obispo County 1.

Influenza

294 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 13, Kern County 14, Los Angeles County 11, Los Angeles 73, San Francisco 96, Stockton 13.

Measles

312 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 48, Glendale 53, Los Angeles 124, Maywood 13.

Scarlet Fever

237 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows:

Fresno County 13, Fresno 12, Kern County 15, Los Angeles County 21, Los Angeles 68.

Whooping Cough

234 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 12, Oakland 23, Los Angeles County 21, Alhambra 10, Los Angeles 25, Sacramento County 13, San Francisco 45.

Smallpox

34 cases of smallpox have been reported, as follows: Los Angeles 32, San Jose 2.

Typhoid Fever

12 cases of typhoid fever have been reported, as follows: Berkeley 1, Pinole 1, Fresno County 1, Imperial County 2, Calipatria 1, Los Angeles 1, Sacramento County 1, San Bernardino County 4.

Meningitis (Epidemic)

3 cases of epidemic meningitis have been reported, as follows: Calexico 1, Modoc County 1, San Diego 1.

Poliomyelitis

One case of poliomyelitis from Modesto has been reported.

Encephalitis (Epidemic)

One case of epidemic encephalitis from Watsonville has been reported.

Food Poisoning

4 cases of food poisoning from San Francisco have been reported.

Undulant Fever

One case of undulant fever from Los Angeles has been reported.

Actinomycosis

One case of actinomycosis from Bakersfield has been reported.

Septic Sore Throat

3 cases of septic sore throat have been reported, as follows: Santa Monica 1, San Francisco 2.

* From reports received on February 6th and 7th for week ending February 4th.